



DEPARTMENT OF CODES & REGULATIONS
LOUISVILLE, KENTUCKY

GREG FISCHER
MAYOR

ROBERT KIRCHDORFER
DIRECTOR

**APPLICATION FOR
EXTENDED HOURS OF OPERATION FOR LIQUOR AND BEER LICENSES
LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT**

NAME: _____

D/B/A: _____

ADDRESS: _____

Liquor by the Package \$ _____ 12-2 a.m. ☐

Beer by Package \$ _____ 12-2 a.m. ☐

Liquor by Drink \$ _____ 12-2 a.m. ☐ 2 – 4 a.m. ☐

Beer by Drink \$ _____ 12-2 a.m. ☐ 2 – 4 a.m. ☐

Signature of Applicant

Date of Application

Extended Hours Fees

Liquor by the Package 12 – 2 a.m. \$200

Beer by Package 12 – 2 a.m. \$50

Liquor by the Drink 12 – 2 a.m. \$200 and 12 – 4 a.m. \$400

NQ2 & NQ3 Drink 12 – 2 a.m. \$250 and 12 – 4 a.m. \$500

Beer by Drink 12 – 2 a.m. \$50 and 12 – 4 a.m. \$100

WWW.LOUISVILLEKY.GOV

METRO DEVELOPMENT CENTER 444 SOUTH FIFTH STREET SUITE 200 LOUISVILLE, KENTUCKY 40202
OFFICE: 502.574.2508 / FAX: 502.574.1334

KRS 243.360 requires a person to first advertise their intention to apply for any alcoholic beverage licenses in the newspaper.

Every ABC applicant is required to advertise by publication his or her intention to apply for an ABC License. Complete the Affidavit of Publications form and submit to **The Courier Journal**.

Sample of Advertisement

_____, DBA _____
(Applicant / Licensee's, if incorporated, use Corp or LLC Name)

Location to be
licensed _____
(Complete address of Premise to be licensed including zip code)

Applicant(s) _____
(Complete name and address of Applicant(s) including zip code)

Applicant(s) _____
(Complete name and address of Applicant(s) including zip code)

Hereby declares its intention to apply for _____
(Type(s) of license(s) being applied for)

Any person, association, corporation, or body politic may protest the granting of the license(s) by writing the Kentucky Department of Alcoholic Beverage Control, 1003 Twilight Trail, Frankfort, Ky. 40601-8400, within 30 days of the date of this legal publication.